

as occurring when the patient's head was lowered. The chief effect of the existence of normal arterial tone is to counteract the influence of gravity upon the blood. Vasomotor paralysis converts the blood vessels into inert tubes, in which the blood is free to flow in response to gravity, and so the facility with which the blood flows to dependent parts is an index of the extent of the loss of arterial tone. This explains how, in this case, the pallor of the face when the patient was recumbent gave place to improvement in the colour when the head was dependent, which improvement persisted until the blood ceased to be aerated, when it gave place to lividity.

In these cases the lesion is, in the first instance, a failure of the circulation, indicated by pallor of the face, dilated pupils, and feeble pulse. Could the pulse be accurately observed it would give the first warning of danger. The deep respirations or respiratory movements, more free than normal, are a late sign, and when they pass into inco-ordinate respiratory efforts they indicate that the patient is *in articulo mortis*. It does not seem to be sufficiently appreciated that deep respirations, with pallor and dilated pupils, denote serious failure of the circulation.

If the head is dependent, as in Trendelenburg's position or in operations for post-nasal adenoids, the pallor of the face, for reasons above-mentioned, will not be marked, and there may be present a deceptive hue of health.—I am, etc.,

ALEXANDER WILSON,
Senior Administrator of Anæsthetics, Royal Infirmary,
February 27th. Manchester.

SIR,—The case reported in the BRITISH MEDICAL JOURNAL of February 25th, by Mr. Cathcart, is, I think, a typical illustration of one of the ways in which patients die whilst under the influence of chloroform.

An explanation sometimes given of death in such a case as this is that it is due to over-dosage—that the patient after "wincing" takes deep inspirations, and so inhales a large quantity of chloroform vapour. I do not think this theory is required to explain such accidents.

Mr. Cathcart is convinced that the heart failed before the respiration. Having seen the same kind of symptoms (fortunately in a less severe form), I have no doubt that they are cases of primary cardiac failure of reflex origin. Rectal operations seem to be the worst for producing such reflex troubles. A patient may appear to be under the anæsthetic: for example, there is no corneal reflex, pupils contracted, breathing stertorous, and muscles relaxed. Many surgeons would say that directly this condition is induced the patient is ready for operation. For ordinary operations this is correct, but for a rectal case, where the sphincter has to be stretched, it is not quite sufficient. Should the sphincter be stretched as soon as this anæsthetic condition is reached, one is likely to see just the same kind of symptoms as occurred in this fatal case. The pupils immediately dilate, the breathing becomes jerky and crowing, there is pallor of the face, and a weak pulse. These symptoms may be of any degree.

Under such circumstances, the pupil phenomena require special consideration. If the syncope, thus reflexly produced, be very profound, the pupil, which dilated at the moment of the operative procedure, remains inactive for some little time, because of the collapsed condition of the patient. This state of dilatation of the pupil is often interpreted as being due to an overdose of chloroform, when as a matter of fact had more been given, and the patient got more thoroughly under, such reflex dilatation of the pupil would most likely not have occurred.

There are two ways of checking these untoward reflex phenomena connected with rectal surgery. The first is to get the patient into a profound degree of anæsthesia, but this method has unfortunately an element of danger of its own. The second, although not mentioned in books, is, I believe, a safer one, especially for those who have not had much experience of anæsthetics. The patient, having been got into the ordinary surgical anæsthesia, is kept in this condition for at least ten minutes before any operative measures are commenced. By that time the sphincter can be stretched without causing those dangerous reflex symptoms which might have been produced in the earliest stage of the anæsthesia.

These remarks apply only to chloroform; with ether I have never seen any such reflex cardiac trouble.—I am, etc.,

JOHN FREEMAN,
Bristol, Feb. 28th. Anæsthetist to the Bristol General Hospital.

THE VISION OF SCHOOL CHILDREN.

SIR,—I have to thank Dr. Menzies for his note which appears in the BRITISH MEDICAL JOURNAL of February 25th.

He states that 43 children out of 398, or 10.8 per cent., ought to have glasses, and that other 56 would be slightly benefited, that is, a total of 99, or 24.8 per cent. This proposal is of such a revolutionary character that evidence of the most undeniable kind ought to be produced in order to justify its adoption, and Dr. Menzies's paper does not contain such evidence.

He, along with the other ophthalmic surgeons whom he quotes, makes the error of adopting an arbitrary standard, and calling it the normal for children's eyes, whereas his own tables show that Nature has no such fixed standard. Her normal is variety.

He quotes three classes of defects as requiring the use of spectacles. Strabismus is a deformity which, no doubt, parents will try to have remedied in many cases; but with regard to the other two classes, (1) Markedly defective vision hindering the education of the children; and (2) headaches due to eye strain in cases of hypermetropia, I would submit that the system of education ought to be made to suit the eyes instead of the eyes being compelled to accommodate themselves to one uniform plan of education.

The communication in the JOURNAL of February 18th from Dr. A. Ogier Ward is noteworthy, inasmuch as it does not contain one reference to glasses from beginning to end.

In conclusion, I may state that I have no figures to give as to the evil of using glasses with growing eyes, as this would require a life study, and I have only recently been taking an interest in the question.—I am, etc.,

Cumbernauld, March 10th.

D. LOVE, M.B.

IMPROVEMENT IN X-RAY TECHNIQUE.

SIR,—In reference to the Wehnelt current interrupter, in 1874 I used a similar interrupter on a coil with fifty Groves's cells. The idea was not even then new, for although my experiment was due to accidental short-circuiting of electrodes during electrolytic experiments, which led to my final application of the so-called interrupter as a resistance to current, and then as a rapid make-and-break, I found that some of the old masters of electrics had evidently used it before.

Since November, 1896, I have always endeavoured, in using a Jackson tube, to condition the tube by heating behind the cathode when connected with coil, so that the make-and-break of coil shows infinitesimal sparking and works with such rapid vibrations that a musical note is produced, the pitch varying as the position of the flame heating the tube is altered. Shadowgraphs can then be obtained of the human trunk from 35 seconds upwards, and the results on English fluorescent screens are almost perfect. This has all been mentioned in my lectures at the Royal Artillery Institute, etc., the first being the end of October, 1896.—I am, etc.,

Blackheath, March 21st.

WILLIAM WEBSTER.

CINNAMON IN INFLUENZA.

SIR,—In your last issue you publish an interesting letter on the above subject from the pen of Dr. Carne Ross. The value of the treatment referred to, I myself, in the JOURNAL of March 16th, 1895, endeavoured to impress upon your readers.

My experience of the antiseptic use of the drug dates from the year 1886, when I was in Ceylon, and there learned of the immunity enjoyed by persons working in cinnamon gardens from severe attacks of malaria, and this led me to try the oil as a remedy wherever an internal antiseptic seemed indicated.

I found it useful in gastro-enteritis, recurrent boils, and I believe I have seen a beneficial effect in typhoid; but I was anything but prepared to find the extraordinary influence it seemed to exert when I began to use it in cases of influenza in, I believe, the 1891 epidemic.

My friend Dr. H. A. Stonham was kind enough to employ my treatment in his large parochial practice and the remarkable results obtained he detailed to you in a letter published also in March, 1895.

Now that Dr. Carne Ross has come forward with all his authority, perhaps you will excuse me reminding you of the

above facts, in the hope that our joint weight may suffice to procure for our treatment a general trial. I am, etc.,
London, March 21st. CHARLES GRAHAM GRANT.

OBITUARY.

DEPUTY-INSPECTOR-GENERAL JOSEPH JEE, C.B., V.C.,
Honorary Surgeon to the Queen.

THIS distinguished officer died at his residence, Queniborough Hall, Leicester, on March 17th, aged 81. He was the son of the late Mr. Christopher Preston Jee, of Hartshill, Warwick. He studied in London, and became M.R.C.S. in 1841. He entered the army as Assistant Surgeon in the 1st Royal Dragoons in 1842, and in 1854 became Surgeon of the 78th Highlanders. With this distinguished corps he served in Persia in 1857, at the battle of Khooshah and bombardment of Mohammara, for which he received the medal and clasp.

When the mutiny broke out, the Persian force was hurried to India to take part in its suppression. With his regiment Jee was engaged in Havelock's column at the relief of the Residency of Lucknow, and the subsequent defence, and with Outram's force at Alumbagh, including a great number of engagements, and the final capture of Lucknow. Afterwards he served in the Rohilkhand campaign and capture of Bareilly, for which services he received the medal with two clasps, the decoration of C.B. and the Victoria Cross, and a year's service. Throughout these operations he displayed great devotion and gallantry, and was awarded the Victoria Cross under the following circumstances:

For most conspicuous gallantry and important services on the entry of Major-General Havelock's relieving force into Lucknow on September 25th, 1857, in having during action (when the 78th Highlanders, then in possession of the Char Bagh, captured two 9-pounders at the point of the bayonet) by great exertion and devoted exposure, attended to the large number of men wounded in the charge, whom he succeeded in getting removed on cots, and on the backs of their comrades, until he had collected the dhooly bearers who had fled.

Subsequently, on the same day, in endeavouring to reach the Residency with the wounded men, Surgeon Jee became besieged with an overwhelming force in the Mote-Mahal, where he remained during the whole night and following morning; voluntarily and repeatedly exposing himself to a heavy fire in proceeding to dress the wounded men who fell while serving a 24-pounder in a most exposed position. He eventually succeeded in taking many of the wounded, through a cross fire of ordnance and musketry, safely into the Residency by the river bank, although repeatedly warned not to make the perilous attempt.

From the foregoing official statement of services it will be seen that no man ever deserved the Victoria Cross more than this gallant "non-combatant." He retired as Surgeon-Major, with the honorary rank of Deputy-Inspector-General in 1868.

Mr. Jee was known to his friends as a most honourable man; a complete Englishman in his love of sport, and one of the most deadly shots at pigeon matches at Hurlingham. He was one of the few remaining links with the army medical service of the past. He was made an Honorary Surgeon to the Queen only a few weeks ago.

HENRY JOHN BUTLER, L.R.C.P.LOND., M.R.C.S.ENG.

THE death took place on March 10th of Dr. Henry J. Butler, of Bradford, Yorks, at the early age of 35 years. The cause of death was blood poisoning following the prick of a safety pin, sustained whilst dressing a case of empyema. From the point of local infection the disease rapidly became general, and death ended the illness after ten days of great suffering.

Dr. Butler was a native of Bradford, and was educated at the St. James's Church School and Bradford Grammar School. After a successful student's career at the Leeds School of Medicine, he filled the post of House-Physician at the General Infirmary, Leeds. Twelve years ago he commenced practice in Bowling, Bradford, and quickly built up for himself a reputation as a conscientious and skilful member of his profession. He was very popular with his patients and deeply respected by his fellow practitioners. He was a member of the Committee of the Bradford and District Medico-Ethical Society, and took great interest in its affairs. It was only on the evening before his fatal misadventure that he read a paper before the Society upon the question of hospital abuse. A special meeting of the same Society, which was called for March 10th, met and adjourned as a sign of respect to his memory, after passing a vote of sympathy to Mrs. Butler in her sad loss.

The funeral was attended by between thirty and forty of the medical men of the city, as well as by several of the clergy and ministers of the district. The peculiarly sad circumstances surrounding Dr. Butler's death caused a deep impression in the minds of all who knew his genial character, and large numbers of the general public paid their last respects to his memory upon the day of his funeral. He left a widow and three children.

THE LATE DR. WILLSHIRE.

SIR SAMUEL WILKS, Bart., has sent us the following additional note on Dr. Willshire, of whom a short obituary notice was published last week:

In the very appreciative notice of Dr. Willshire (not Wilshire) by Dr. Wigg there is only a slight allusion to the art studies which occupied the best hours of the latter half of his life. I was the colleague of Dr. Willshire at the Infirmary for Women and Children and also at the Surrey Dispensary, and I then conceived the very highest opinion of his knowledge of medicine and his general culture. He was especially interested in the diseases of children, and wrote some excellent papers thereon in the *Quarterly Medico-Chirurgical Review* and other journals. Indeed, he had commenced a special practice among children before the Ormond Street Hospital was thought of; his consulting rooms being in Cecil Street. But his mind was ever upon art, and he was soon known as a connoisseur in old engravings. His opinion was so much valued that I believe he was offered a post in the British Museum. This he declined, but he assisted in the production of several catalogues. If any further biography of Dr. Willshire is contemplated I have no doubt that much information might be obtained from Mr. Colvin or from other authorities at the British Museum.

Mr. Balmanno Squire writes: Permit me to add my testimony to the high merits of the late Dr. W. H. Willshire. As with some others, his longevity has impaired the greater interest that would otherwise have been taken in your obituary notice of him. But he was a very exceptional man. Thirty-five years or more ago when I was endeavouring to learn what I could of skin diseases by attending the skin clinics of London I was brought into close contact with Dr. Willshire, who then conducted an informal skin clinic at Charing Cross Hospital. Willshire with greatly inferior opportunities was like Sir William Jenner, a most accomplished clinical teacher. Of one, as of the other, it may be said that to have been much in contact with him was an ennobling influence; either the one or the other was an excellent object lesson as to what sort of man a physician should be. A want of one of the more commonplace but in the battle of life most essential of qualities alone prevented Willshire from rising to the highest rank amongst physicians. He needed only complete self-confidence in his demeanour. He had the gratification of knowing shortly before his death that the department which he founded at his hospital had been raised to a leading position amongst the clinics of London.

WE record with regret the death of Dr. MATTHEW CORRI HALTON at his residence, Barnsley, Yorkshire, on March 7th. Matthew Corri Halton was born at Mullingar, Ireland, in 1843, and had consequently nearly completed his 56th year. He belonged to a family of musicians, and his father was for over fifty years organist to the Catholic Cathedral, Mullingar. He received his medical training at the Ledwich School of Medicine, Dublin, and in Meath Hospital. He went to Barnsley in 1868 as assistant to Dr. Blackburn, and in five years had so won the respect of the inhabitants, that on his withdrawal in 1873 they presented him with an address, a case of surgical instruments, a gold watch, and a purse containing £50. He returned to Ireland, and obtained the diploma of L.R.C.P.I. in 1874, and shortly afterwards went again to Barnsley, where he started in practice, which shortly became extensive. He joined the Barnsley Rifle Volunteers, of which he eventually became Honorary Surgeon. He was an ardent Home Ruler, was for nine years President of Barnsley Radical Club, and his services as a speaker were in great requisition at Liberal demonstrations. He was also a member of the Town Council of the Borough since 1888, and was Mayor from November, 1892, to November, 1894. In 1893 the